MAXIMUS Federal Services

Case Number:	CM15-0038126		
Date Assigned:	03/06/2015	Date of Injury:	03/07/2012
Decision Date:	04/17/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59-year-old female, with a reported date of injury of 03/07/2012. The diagnoses include bilateral wrist pain, right carpometacarpal and meta-carpophalangeal joint arthritis, status post bilateral carpal tunnel release, right medial neuropathy, right shoulder adhesive capsulitis, and possible right rotator cuff tear. Treatments have included bilateral carpal tunnel release, electromyography and nerve conduction study (EMG/NCS) of the left upper extremity on 04/09/2012, and EMG/NCS of the right upper extremity on 10/25/2012.The progress report dated 01/21/2015 indicates that the injured worker had persistent bilateral wrist and hand pain. She rated her right hand pain 8 out of 10, and the left hand pain 6 out of 10. The injured worker felt that her left hand was doing okay, but had persistent pain, tingling, and numbness, as well as decreased use of the right hand. The treating physician requested Flector patch 1.3% #60, with three refills. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flector patch 1.3% #60 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with pain and weakness in her shoulder and upper extremity. The request is for Flector Patch 1.3% #60 with 3 Refills. Per 01/21/15 progress report, the patient is currently not working. Regarding topical NSAIDs, MTUS Topical Analgesics, page 111-113 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." ODG Guidelines, chapter Pain and Topic Flector patch state that, "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks." In this case, none of the reports discuss medication except the request. The patient presents with elbow/ wrist pain and right CMC/MCP joint arthritis, for which this patch may be indicated. However, the provider does not mention how this topical is to be used. MTUS only supports a short-term use and the provider does not indicate that it is to be used for short-term only. Furthermore, the current request for 3 refills does not indicate intended short-term use. The request is not medically necessary.